



**DECLARATION OF PERMISSION OF
LICENSED, REGISTERED OR CERTIFIED
PROFESSIONAL TO DUPLICATE OFFICIAL
COPIES OF BUILDING PLANS**

FORM
6E
August 2005

CITY OF ESCONDIDO • BUILDING DIVISION • 201 N. BROADWAY, ESCONDIDO, CA 92025 • (760) 839-4647

Print or type all information

I, _____
Name of Professional

with an _____
address of _____
Street No. Street Name

_____ *City State ZIP Code Daytime Telephone Number*

am the licensed, registered or certified professional, or the legal successor of the licensed, registered or certified professional who signed the official copy of building plans filed under the below-designated Plan Check Number in the Building Division of the City of Escondido for the building located at:

**Building
Address**

_____ *Street No. Street Name*

_____ *City State ZIP Code*

and further identified as Building Division Plan Check # _____. I hereby grant permission for the City of Escondido to make and deliver a duplicate copy of the plans, specifications and calculations, reports and documents in the above-specified Plan Check as requested by:

_____ *Name of Applicant*

_____ *Street No. Street Name*

_____ *City State ZIP Code*

This permission is granted pursuant to Sections 19850 through 19852 of the State of California Health and Safety Code.

I declare under the penalty of perjury that the foregoing is true and correct, and that this declaration was executed on

_____ at _____
Date Place

_____ *Print Name of Professional* _____ *Signature of Professional*

_____ *Witnessed by*

Return to: City of Escondido, Building Division
201 N. Broadway
Escondido, CA 92025